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Intel Legal Team

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Date: February 15, 2006

To: Christy L. Novacek

Fax: 571-273-8300

Phone: 571-272-1839

United States Patent and Trademark Office

From: Michael D. Plimier

Fax: 408-765-7723

Phone: 408-765-7857

Subject:

Amendment and Response for Application Serial No. 10/771,267

A CONFIRMATION COPY OF THIS DOCUMENT:

WILL NOT BE SENT

Application No.:

10/771,267

Filing Date:

February 2, 2004 First Named Inventor: Justin K. Brask et al.

Group Art Unite:

2822

Examiner Name:

Novacek, Christy L.

Attorney Docket No.: 042390.P15744C

#### **Enclosures:**

Transmittal form (1 page) 1.

2. Fee Transmittal for FY 2006 (1 page in duplicate)

3. Amendment and Response (7 page)

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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0851-0031
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE lection of information unless it displays a valid OMB control number Under the Paperwork Reduction Act of 1995, no persons are required to reapond to a Application Number 10/771.267 TRANSMITTAL Filing Date February 2, 2004 First Named Inventor **FORM** Justin K. Brask et al. Art Unit 2822 Examiner Name Novecek, Christy L. (to be used for all correspondence after initial filing) Attorney Docket Number 042390.P15744C Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC **|** Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Provisional Application Proprietary Information Power of Attorney, Revocation Affidavits/declaration(s) Status Letter Change of Correspondence Address Other Enclosure(s) (please Identify **Extension of Time Request** Terminal Disclaimer Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Intel Corporation Signature Printed name Michael D. Pfimier Date Reg. No. February 15, 2008 43,004 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Date Michael D. Pilmier February 15, 2006 Typed or printed name

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to This collection of information is required by 37 CFR 1.3. The information is required to origin or regain a benefit by the plant which is to the carried by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 nours to complete, including process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 nours to complete, including sathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |   |                       |                          | Complete if Known                    |                   |                        |                    |                              |  |
|  |   |                       |                          | Application Number 10/77             |                   | 10/771,26              | 71,267             |                              |  |
| FEE TRANSMITTAL  |   |                       |                          | Filing Date                          | Filing Date Febru |                        | bruary 2, 2004     |                              |  |
| For FY 2006  |   |                       | First Named Inventor Jus |                                      | Justin K. I       | Justin K. Brask et al. |                    |                              |  |
| Applicant clair  | ms small entity stat  | ##: Sag 37 CF         |                          | Examiner Name Novacek,               |                   |                        | Christy            | L                            |  |
|  |   | ,us. 300 07 04 1      | 7 1.21                   | Art Unit                             |                   | 2822                   |                    |                              |  |
| TOTAL AMOUNT   | OF PAYMENT  | (\$) 0.1              | 00                       | Attomey Dock                         | et No.            | 042390.P               | 15744C             |                              |  |
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| 1. BASIC FILING  | ·   |                       |                          |                                      |                   |                        |                    |                              |  |
|  |   | 3 FEES                | _                        | CH FEES                              | EXAM              | MOTTAMIN               |                    |                              |  |
| Application Type   | <u>res (\$)</u>   | Small Entity Fee (\$) | Fee (\$                  | Small Entity Fee (\$)                | Fee               | (\$)   Small   E       |                    | Fees Paid (\$)               |  |
| Utility  | 300   | 150                   | 500                      | 250                                  | 200               |                        |                    | 0                            |  |
| Design   | 200   | 100                   | 100                      | 50                                   | 130               |                        |                    | 0                            |  |
| Plant  | 200   | 100                   | 300                      | 150                                  | 160               |                        |                    |                              |  |
| Reissue  | 300   | 150                   | 500                      | 250                                  | 600               |                        |                    |                              |  |
| Provisional  | 200   | 100                   | 0                        | 0                                    | 000               |                        |                    |                              |  |
| 2. EXCESS CLA  | IM FEES   |                       | =                        | -                                    | -                 | ´ •                    |                    | Small Entity                 |  |
| Fee Description Fee (\$)   |   |                       |                          |                                      |                   | <u>Fee (\$)</u>        |                    |                              |  |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)   |   |                       |                          |                                      |                   | 50<br>200              | 25<br>100          |                              |  |
| Multiple dependent claims  |   |                       |                          |                                      |                   |                        | 360                | 180                          |  |
| Total Claims   | <u>Extra Cla</u>  |                       |                          | Paid (\$)                            |                   | Mu                     | Hiple De           | pendent Claims               |  |
|  | or HP = 0<br>er of total claims paid  | X 50                  |                          | _0                                   |                   | <u>F</u> (             | <del>98 (\$)</del> | Fee Paid (\$)                |  |
| Indep. Claims  | Extra Cla   |                       |                          | Paid (\$)                            |                   |                        | 360                | 0                            |  |
| 13 or HP =0x200 =0   |   |                       |                          |                                      |                   |                        |                    |                              |  |
| HP = highest number of independent claims peid for, if greater than 3.  3. APPLICATION SIZE FEE  |   |                       |                          |                                      |                   |                        |                    |                              |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  |   |                       |                          |                                      |                   |                        |                    |                              |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50  |   |                       |                          |                                      |                   |                        |                    |                              |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (3) Fee Paid (\$)      |   |                       |                          |                                      |                   |                        |                    |                              |  |
| 0 - 100 = 0 / 50 = 0 (round up to a whole number) x 0 = 0  |   |                       |                          |                                      |                   |                        |                    |                              |  |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  |   |                       |                          |                                      |                   |                        |                    |                              |  |
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| SUBMITTED BY   |   |                       |                          |                                      |                   |                        |                    |                              |  |
| Signature  | PLAX.   | 2(                    | 17                       | Registration No.<br>(Attorney/Agent) | 43,004            | 7                      | relephon           | <sup>6</sup> 408-765-7857    |  |
| lame (Print/Type) Mil  | chael D. Plimier  |                       |                          |                                      |                   |                        |                    | ruary 15, 2006               |  |

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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818), FEE TRANSMITTAL For FY 2006  |  |                    |                 | Application Number 10/771.267          |                   |                  |                |                                       |
|  |  |                    |                 | Siller Colle                           |                   | 10/771,2         |                |                                       |
|  |  |                    |                 |  |                   | February 2, 2004 |                |                                       |
| For FY 2006  |  |                    | First Named Inv |  | Juştin K. Brask e |                  |                |                                       |
| Applicant claims sma   | Ill entity status                        | See 37 CFR 1.      | 27              | Examiner Name                          | -                 |                  | Christy L      | ·                                     |
| TOTAL AMOUNT OF DAY  | VILLE (4)                                |                    |                 | Art Unit                               |                   | 2822             |                | · · · · · · · · · · · · · · · · · · · |
| TOTAL AMOUNT OF PAYMENT (\$) 0.00  |  |                    |                 | Attorney Docket No. 042390.P15744C     |                   |                  |                |                                       |
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| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)   |  |                    |                 |  |                   |                  |                |                                       |
| 1. BASIC FILING, SEA   |  |                    | FEES            | -                                      |                   |                  |                |                                       |
|  | FILING F                                 | EES<br>nail Entity | SEAR            | CH FEES                                | EXAN              | INATIO           |                |                                       |
| Application Type   | Fee (\$)                                 | Fee (\$)           | Fee (\$)        | Small Entity<br>Fee (\$)               | Fee               |                  | Entity<br>(\$) | Fees Paid (\$)                        |
| Utility  | 300                                      | 150                | 500             | 250                                    | 200               |                  |                | 0                                     |
| Design   | 200                                      | 100                | 100             | 50                                     | 130               | ) 6              | 5              | 0                                     |
| Plant  | 200                                      | 100                | 300             | 150                                    | 160               | _                | 0              | 0                                     |
| Reissue  | 300                                      | 150                | 500             | 250                                    | 600               | 30               | 0              | 0                                     |
| Provisional  | 200                                      | 100                | 0               | 0                                      | 0                 | )                | 0              | 0                                     |
| 2. EXCESS CLAIM FE   | ES                                       |                    |                 |  |                   |                  | <u>s</u>       | mail Entity                           |
| <b>= 1 1 1 AA /1 A -4 =</b> .  |  |                    |                 |  | <u>99 (\$)</u>    | Fee (\$)         |                |                                       |
|  |  |                    | ies)            |  |                   |                  | 50<br>200      | 25<br>100                             |
| Each independent claim over 3 (including Reissues) Multiple dependent claims   |  |                    |                 |  |                   |                  | 360            | 180                                   |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$)   |  |                    |                 | Paid (\$)                              |                   | M                | ultiple Depe   | endent Claims                         |
| 9 - 20 or HP = HP = highest number of tota   | O O                                      | # <u>50</u>        | . "             | 0                                      |                   | <u>F</u>         | 99 (\$)        | Fee Pald (\$)                         |
| Indep. Claims  | Extra Claims                             |                    | Fee I           | Paid (\$)                              |                   |                  | 360            | 0                                     |
| $\frac{1}{1} - 3 \text{ or HP} = 0 \times 200 = 0$   |  |                    |                 |  |                   |                  |                |                                       |
| MP = highest number of Independent claims paid for, if greater than 3, 3. APPLICATION SIZE FEE   |  |                    |                 |  |                   |                  |                |                                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  |  |                    |                 |  |                   |                  |                |                                       |
| listings under 37 CPR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50  |  |                    |                 |  |                   |                  |                |                                       |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)     |  |                    |                 |  |                   |                  |                |                                       |
|  |  |                    |                 |  |                   |                  |                |                                       |
| 1. OTHER FEE(S)  Fees Paid (\$)  |  |                    |                 |  |                   |                  |                |                                       |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge):   |  |                    |                 |  |                   | 0                |                |                                       |
| Other (e.g., late filing   | g surcharge):                            |                    |                 |  |                   |                  |                | 0                                     |
| UBMITTED BY  |  |                    |                 |  |                   |                  |                |                                       |
| ignature /   | MARI                                     | <u></u>            |                 | registration No.<br>httorney/Agent) 43 | 3,004             |                  | Telephone      | 108-765-7857                          |
| ame (Print/Type) Michael D   | Plimler                                  |                    |                 |  |                   |                  |                | ary 15, 2006                          |

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Attorney's Docket No.: P15744C

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**Patent** 

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In Re Application of:   | )                              |
|---|--------------------------------|
| Justin K. Brask et al.  | )                              |
| U.S. Serial No: 10/771,267  | ) Examiner: Novacek, Christy L |
| Filed: February 2, 2004   | ) Art Unit: 2822               |
| For: A METHOD FOR MAKING A SEMICONDUCTOR DEVICE HAVING A HIGH-K GATE DIELECTRIC | )<br>)<br>)<br>)               |
| Commissioner for Patents P.O. Box 1450  | <b>_</b>                       |

#### **AMENDMENT AND RESPONSE**

Dear Examiner Novacek:

Alexandria, VA 22313-1450

This is in response to the Final Office Action mailed December 20, 2005. Applicants respectfully request the Examiner to enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper. Remarks/Arguments begin on page 4 of this paper.

# CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office on February 15, 2006.

Michael D. Plimier

Name of Person Sending Facsimile

Signature